

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 2

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.21 and 435.831

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 240

b. FFY 02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 6 to Attachment 2.6-A
(MS-00-22)

10. SUBJECT OF AMENDMENT:

Increase in income level for State Supplementary Assistance residential care payment.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

January 25, 2001 1-24-01

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
01/30/0118. DATE APPROVED:
FEB 14 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOV 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

CC:
Rasmussen
Headlee
CO

SPA CONTROL

Date Submitted 01/25/01

Date Received 01/30/01

Revision: HCFA-AT-85-3
February 1985

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A

State Iowa

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (reasonable classification)	Administered By		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
(1)	(2)		1 Person	Couple	1 Person	Couple	(5)
Blind supplement	X		554.00		534.00		SSI
With blind spouse	X			833.00		813.00	SSI
With aged/disabled spouse	X			811.00		791.00	SSI
Dependent person	X		789.00	1,046.00	769.00	1,026.00	SSI
Blind	X		811.00		791.00		SSI
With blind spouse	X			1,090.00		1,070.00	SSI
With aged/disabled spouse	X			1,068.00		1,048.00	SSI
Family-life home	X		594.20		594.20		SSI
Residential care		X	Per diem rate of facility (maximum = 31 x \$29.34) plus \$73 personal needs allowance.				
In-home health-related care		X	983.06	1,240.06	983.06	1,240.06	
Both spouses receive care		X		1,711.12		1,711.12	

TN No. MS-01-2
Supersedes TN No. MS-00-22

Approval Date FEB 14 2001

Effective Date NOV 1 2000